

NOTE: This form should be completed by the Agency/Organization Program Coordinator with the required information input from the Cardholder.

**SECTION I****INSTRUCTIONS**

\*\*\*\*\*Fill in only the applicable fields to be updated.\*\*\*\*\*

1. To change information for existing accounts:
  - a. Complete Section 11 with the type of request.
  - b. Fill in individual Government Card number: \_\_\_\_\_
  - c. Fill in the cardholder's name as it appears on his/her Government Card: \_\_\_\_\_
2. Approved copy to be maintained in Agency/Organization Program Coordinators files.
3. Fax to (904) 954-871 0 or mail to Citibank Government Card Services, P.O. Box 45134, Jacksonville, FL 32232-5134
4. All changes will be completed within 3 business days unless requesting to move a centrally billed account from one billing site to another. This change will be made the next business day after the Agency/Organization's billing cycle.

**SECTION 11**

## TYPE OF CARDHOLDER MAINTENANCE REQUEST ("X" all applicable)

- |  |  |
|--|--|
| <input type="checkbox"/> A- Cardholder Information Change (Section 111)      | <input type="checkbox"/> F. Cash Advance Limit Change (Section V)          |
| <input type="checkbox"/> B. Hierarchy Change (Section IV)                    | <input type="checkbox"/> G. Number of Transaction Limit Change (Section V) |
| <input type="checkbox"/> C. MCC/Blocking Change (Section V)                  | <input type="checkbox"/> H. Account Closure (Section V0)                   |
| <input type="checkbox"/> D. Dollars per Cycle Limit Change (Section V)       | 1. Other Changes: _____  |
| <input type="checkbox"/> E. Dollars per Transaction Limit Change (Section V) |  |

**SECTION III**CARDHOLDER INFORMATION (Please Print)

*Last Name of Cardholder		*First Name	*Middle Initial (maximum 20 characters)
Agency/Organization Name (maximum 24 characters)			
*4th Line Embossing (maximum 20 characters)		Social Security Number	
Home Mailing Street Address Line 1 (maximum 36 characters)		Home Phone	
Home Mailing Street Address Line 2 (maximum 36 characters)			
City	State	Zip Code	Country
*Business Mailing Street Address Line 1 (maximum 36 characters)		Business Phone	
*Business Mailing Street Address Line 2 (maximum 36 characters)			
City	State	Zip Code	Country
Email Address			
Fax Number		Discretionary Code 1 (maximum 12 characters)	
Discretionary Code 2 (maximum 20 characters)		Discretionary Code 3 (maximum 20 characters)	

**SECTION IV**REPORTING PARAMETERS

Current Reporting Hierarchy: \_\_\_\_\_

New Reporting Hierarchy: \_\_\_\_\_

New Card Delivery ID#: \_\_\_\_\_ (maximum 5 characters)

**SECTION V**AUTHORIZATION PARAMETERS

New Dollars per Cycle Limit \_\_\_\_\_ Convenience Checks Y \_\_\_\_\_ N \_\_\_\_\_ 2 Books \_\_\_\_\_ 6 Books \_\_\_\_\_

New Dollars per Transaction Limit: \_\_\_\_\_ If eligible for Convenience Checks, maximum payment amount equals \_\_\_\_\_

New Number of Transactions per Cycle \_\_\_\_\_ Day: \_\_\_\_\_ ATM Access: Y \_\_\_\_\_ N \_\_\_\_\_ Access Limit Daily: \_\_\_\_\_ Weekly \_\_\_\_\_

New MCC Template Name- \_\_\_\_\_ Travellers Cheques (Travel): Y \_\_\_\_\_ N \_\_\_\_\_ Cycle \_\_\_\_\_

**SECTION VI**ACCOUNT CLOSURE INSTRUCTIONS

1. A/OPC needs to advise cardholder to destroy their card (s).
2. A/OPC needs to advise cardholder to destroy any unused convenience checks.

\_\_\_\_\_  
Approving/Authorizing Official Signature**SECTION VII**AGENCY/ORGANIZATION PROGRAM COORDINATOR SIGNATURE

\*Approving Agency/Organization Program Coordinator's Signature \_\_\_\_\_ Date \_\_\_\_\_